Application or Docket Number

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

3AA481)

CLAIMS AS FILED - PART I								SMALL ENTITY			OTHER THAN		
			(Column 1)		(Column 2)		,	TYPE		OR	OR SMALL ENTI		
TOTAL CLAIMS			3			·		RATE	FEE]	RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE	385.00	OR	BASIC FEE	770.00	
TOTAL CHARGEABLE CLAIMS			3 minus 20= 1		· 0			X\$ 9=		OR	X\$18=	٠	
INDEPENDENT CLAIMS			minus 3 = *		* (Q		X43=		OR	X86=		
М	JLTIPLE DEPEI	NDENT CLAIM P	RESENT					+145=		OR	+290=		
* If	the difference	e in column 1 is	less than ze	zero, enter "0" in column 2			•	TOTAL		OR	TOTAL		
CLAIMS AS AMENDED - PART II								OTHER THAN					
		(Column 1)		(Colun	(Column 3)		SMALL	ENTITY	OR	SMALL	ENTITY		
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT	·	HIGHI NUME PREVIC PAID I	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=		
	Independent	*	Minus	finus *** TIPLE DEPENDENT		=		X43=		OR	X86=		
<u> </u>	FINOTFILO	INTATION OF IM	JEHIPE DEF	ENDENT	CLAIIVI			+145=		OR	+290=		
								TOTAL		OR	TOTAL ADDIT. FEE		
		,	ADDIT. FEE		,	ADDII. FEET							
AMENDMENT B		(Column 1) CLAIMS		(Colun	EST	(Column 3)	lr		ADDI-	1		ADDI-	
		REMAINING AFTER AMENDMENT		NUME PREVIO PAID F	USLY	PRESENT EXTRA		RATE	TIONAL FEE		RATE	TIONAL FEE	
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=		
	Independent	*	Minus	***	01.4114	=		X43=	•	OR	X86=		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								+145=		OR	+290=		
	(Column 1) (Column 2) (Column 3)							TOTAL DDIT. FEE		OR .	TOTAL ADDIT. FEE	•	
										•	-DDII. I CL		
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT	·	HIGHE NUMB PREVIO PAID F	ER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=		
	Independent	*	Minus	###		=		X43=	•	OR	X86=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM												
# 16 the detection of the least three three three three three three transfer or the second of the se										OR	+290=		
**	f the "Highest Nu	mber Previously Pa mber Previously Pa	id For IN THIS	SPACE is	less than	20, enter "20."	Al	TOTAL DDIT. FEE	·	OR ,	TOTAL ADDIT. FEE		
		ber Previously Paid					r foun	id in the app	ropriate box	in col	ımn 1.		